

08-21-06

RCE

<p style="text-align: center;">Mail Stop RCE TRANSMITTAL FORM <small>(To be used for all correspondence after initial filing)</small></p>	Application Number	10/622,562	
	Filing Date	July 18, 2003	
	Confirmation Number	4794	
	Inventor(s)	HO	
	Group Art Unit	3743	
Express Mail Label No.: EV 196253275 US	Examiner	Patel, M.	
Total Number of Pages in This Submission:	19	Attorney Docket No.	01-12

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit in duplicate)</i>	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached \$ <input type="text"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: August 9, 2006**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Richard J. Coldren, Reg. No. 44,084 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Richard J. Coldren</i>
Date	August 18, 2006

CERTIFICATE OF MAILING

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